

* = required field

Please print LEGIBLY, in INK, or type

FOR OFFICIAL USE ONLY
(DO NOT write in this space)

REMINDER: This form MUST be completed by the applicant, not parents

* Birth Date: (mm/dd/yy) _____

* FIRST NAME: _____ M.I. _____ * LAST NAME: _____

* HOME ADDRESS: _____

(Include House #, Street-Ave-Court-etc., plus NW, SW, as applicable)

P O BOX (if you have one): _____

(You may miss a chance to interview for the job if your address is incomplete)

* CITY: _____ * STATE: _____ * ZIP CODE: _____

Does your address change in the summer? ☐ NO ☐ YES

* HOME PHONE: () CELL / MESSAGE PHONE: ()

Where did you learn about this opportunity?

☐ School ☐ Ecology Website ☐ Other: _____* Have you ever been convicted of a misdemeanor or felony? ☐ NO ☐ YES**WHERE do you want to work?** The Eastern Regional Office will run summer crews ONLY in the locations listed. Please visit Ecology's website at <http://www.ecy.wa.gov/programs/swfa/eyc/regionalmap.html> for information about other crew locations in Washington State.

Please select ONLY ONE location:

- ☐ Chewelah (July 29-Aug 21)
☐ Clarkston (July 6-July 28)
☐ Colville (July 29-Aug 21)
☐ Ephrata (July 6-July 28 OR July 29 – Aug 21)
☐ Inchelium (July 6 – July 28)
☐ Moses Lake (July 6 – July 28 OR July 29 – Aug 21)
☐ Othello (July 6 – July 28 OR July 29 – Aug 21)

- ☐ Pasco (July 6 – Aug 14: **6 week crew**)
☐ Pullman (July 29 – Aug 21)
☐ Republic (July 29 – Aug 21)
☐ Ritzville (July 6 – July 31: **4 week crew**)
☐ Spokane (July 6 – July 28 OR July 29 – Aug 21)
☐ Wilbur (July 29 – Aug 21)

Please select session: If you are able to work both sessions you may mark both, but if chosen, it will ONLY be for one session. Otherwise, check which session you are available to work.☐ 1st Session (July 6 – July 28*)

*unless otherwise noted above

☐ 2nd Session (July 29 – Aug 21)

DO NOT DETACH

EQUAL OPPORTUNITY INFORMATION: In order to ensure equal employment opportunity, the Washington State Department of Ecology requests your voluntary cooperation by completing the following information. Your answers will be confidential.

NAME: _____ BIRTHDATE: _____
(First) (M.I.) (Last) (month / day / year)GENDER: ☐ Male ☐ Female

RACE / ETHNIC ORIGIN (circle all that apply)

DISABLED? ☐ NO ☐ YES

A – Native American

M – Hispanic

C – Asian/Pacific Islander

B – African American

W – Caucasian

Other _____

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EMERGENCY CONTACT INFORMATION (Parent or legal guardian – person with legal authority to authorize medical care)

* **FIRST NAME:** _____ **LAST NAME:** _____ * **RELATIONSHIP: (check one)**

* ☐ check here if home address is the same as applicant, **if different FILL IN BELOW**

ADDRESS: _____ **PO BOX:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

* **HOME PHONE:** () **CELL or WORK PHONE:** ()

☐ Parent
☐ Legal Guardian
☐ Other (explain) _____

EDUCATION INFORMATION

* **SCHOOL NAME:** _____ * **CURRENT GRADE LEVEL** (year in school): _____

EMPLOYMENT HISTORY (List most recent employer first)

* Have you worked for the Ecology Youth Corps before? ☐ NO ☐ YES * If yes, when? Summer of _____
 (You may work no more than TWO summers for EYC)

Have you applied to work for us before? ☐ NO ☐ YES

Have you interviewed with us before? ☐ NO ☐ YES

EMPLOYER #1 - NAME:	Start date:	End Date:
ADDRESS:	CITY:	STATE:
PHONE: ()	HOURS PER WEEK:	Name of immediate supervisor:
Specific Duties:		

EMPLOYER #2 – NAME:	Start date:	End Date:
ADDRESS:	CITY:	STATE:
PHONE: ()	HOURS PER WEEK:	Name of immediate supervisor:
Specific Duties:		

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EXPERIENCE (Answer each question, to the best of your ability)

- * Describe (with as much detail as possible) any skills or experience gained through volunteer work, community projects, or service organizations and include the dates and nature of the project or organization.

- * Describe any special skills or capabilities you have that might relate to this EYC job. WHY SHOULD WE HIRE YOU?

- * Describe your hobbies, interests, school activities, etc.

- * ☐ By checking this box, I certify that I filled out this application, and, to the best of my knowledge, the information provided is true and complete. I understand any false or misleading information may result in the rejection of my application or my termination if employed.
- * ☐ Checking this box means I understand my application will NOT be accepted unless TWO teacher references are also submitted with this Part 1 application, NO exceptions.
- * ☐ Checking this box means I understand my complete application (Part 1 AND 2) must be received by the April 1, 2009 deadline. I also understand faxes and late applications will NOT be accepted, NO exceptions.

*

Signature of APPLICANT (in INK)

DATE

WHERE TO MAIL your Part 1 Application AND Part 2 Teacher References:

DEPARTMENT OF ECOLOGY – ERO
ATTN: EYC SECRETARY
N. 4601 MONROE
SPOKANE, WA 99205-1295

Questions? For more information or to apply online, visit Ecology's website at:
<http://www.ecy.wa.gov/programs/swfa/eyc/ero.html>